FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certificate word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral direction 4 should be far field to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 1. | PLACE OF DEATH G. COUNTY St. Mary's MARYLANI | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)- a. STATE Maryland b. COUNTY St. Mary's |
|---------------|--|---|
| | b. CITY OR TOWN (If outside corporate limits, write BURAL ond give negates) lown) | |
| F | Patuxent River 3 years | X Patuxent River, USNAS |
| | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d. STREET ADDRESS e. IS RESIDENCE ON A FARM? |
| I | ISNAS | 711A MEMQ YES NO X |
| 3. | NAME OF First Middle | Last 4. DATE Manth Day Year |
| | (Type or print) Arious Merrill BU | RNHAM DEATH October 22, 1958 |
| 5. | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | R DATE OF RIPTH 9. AGE (In years IF UNDER 14 FAR IF LINDER 24 HRS |
| | Male Caucasian WIDOWED DIVORCED | October 1,1930 28 yrs. Months Days Hours Min. |
| 100 | b. USUAL OCCUPATION (Give kind of work dane) during most of working life, even if refired) Air Controlman U.S.Navy | STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA |
| 13 | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | Leland Adelbert Burnham | Unobtainable - deceased. |
| 15 | | MFORMANTU.S.Navy Records USNAS, |
| IA4 | Yes 10/47 to 10/58 529 32 627 | n |
| | Gonditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. Artery and Nerv | e Involvement Immediate |
| CERTIFICATION | PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| | 206. EXTERNAL CAUSE WAS PRIMARY IN or CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. Self inflicted getting the self-inflicted getting the | (Enter nature of injury in Port I ar Part II of item 18.) unshot wound. |
| MEDICAL | Hour at Scovered While Not while | ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.) Patuxent River, St. Marys, McCods |
| | 21. I certify that I took charge of the remains described ab | pave, held an Autapsy, Inspection, Inquiry, and in my |
| | opinion death resulted fram: Natural causes . Accident | Suicide, Hamicide , Undetermined manner |
| | ACTUAL J. E. PYEATTE, LT MC USNR, | USNAS, Patuxent River, Md. 10-22-58. |
| | EXAMINER'S NAME (Type) WM. D. BOYD, M.D. | ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D |
| 22 | BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C | |
| 22 | Burial 10/27/58 Arlington | |
| 23. | P.B. Robinson - Leonardtown. Md | 240. RECID BY REGISTRAR 246. REGISTRAR'S SIGNATURE Orthory S. Krans |

The Automotive and the Automotiv Cooksassa - placalaidons CATE CONTROL OF THE PARTY OF TH ing to the way market page of the transfer of Disperson of the Land Country of the . bury Codesky body William These and all 12, tay to draw or the first the bone had a little and the late of the He ___ . McDisercal - confice . . .

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11717

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| Rea I | Dist | No | | | | |

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|--|---|-----------------------------------|-------------------|---------------------|--------------------------------|----------------------------|------------------------|-------------------------------------|-------------|------------|-----------------------------------|
| 1. PLACE OF DEATH o. COUNTY | St. Marys | | MAR | 2. | USUAL RESID | eryla | ere deceased | lived. If instituti b. COUNTY | St. | Mary | dmission) |
| | (If outside corporate liminearest town) | ts, write c. | LENGTH OF STA | Y IN 1b | | | utside corporo | ite limits, write R | URAL and gi | ve nearest | town) |
| d. NAME OF HOSE OR INSTITUTION | PITAL (If not in hospital, g | ive street oddr | ess) | | d. STREET A | DDRESS Rural | | | | | RESIDENCE ON A FARM? S M NO |
| 3. NAME OF DECEASED (Type or print) | Elizabet | | N. Midd | | vler lost | | 4. DATE OF DEATH | Octob | | 2 Doy | Yeor 19 58 |
| 5. SEX female | 6. COLOR OR RACE | 7. MARRIED WIDOWED [| | | ATE OF BIRTH | 1893 | | AGE (In years law birthdoy) 5 yrs. | | - | INDER 24 HRS. |
| 10a. USUAL OCCUPAT during most of with housewi | IION (Give kind of work or brking life, even if retired fe | | d of Business | ic | | nsyl | vania | 7 1 | 12. CITI2 | USA | HAT COUNTRY? |
| | Christian | | | | | 119e | Kana | | | | |
| 15. WAS DECEASED EN (Yes, no, or unknown) | /ER IN U. S. ARMED FOR (If yes, give war or dates of s | | IAL SECURITY N | | | er - | Mech | anicsv | | Md. | |
| 260 X Conditions, if gove rise to couse (a), statin lying couse loss | g the under- | D | izbe | tes | *hu | 18 | erte | ensio | 7 | | 3 9 |
| ICATI | THER SIGNIFICANT CON | DITIONS CONT | TRIBUTING TO D | EATH BUT NO | RELATED TO | THE TERMII | NAL DISEASE | CONDITION GIV | EN IN PART | PI | AS AUTOPSY ERFORMED? |
| | VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER) | 205. DESCRIBE | E HOW INJURY | OCCURRED. (E | nter noture of | f injury in P | ort I or Port I | l of item 18.) | | | |
| 20c. TIME OF INJU Hour a. m p. m | 10 | or 20d. INJUR While of work | Not while of work | 20e. PLACE foctory. | OF INJURY (I street, office | dome, form, bldg., etc. | 20f. (City o | or town) | (Co | ounty) | (Stote) |
| actual SIGNATURE | that I attended the | deceased I | > | death oc | curred at | | | | ind on the | | tated above. DATE SIGNED |
| PHYSICIAN'S NAME (Type) | Leon Berul | | D NAME OF CEA | AFTERN OR CO | | | | le, Md | | | |
| Buria | 10/25/ | | Amish | | | | Mech | on (City, town, canicsv | ille, | Md. | (State) |
| P.B. Ro | r's signature binson - | Leonar | address dtown. | Md. | | 240. REC'D | BY REGISTRA | | Thun 9 | | |

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FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. A should be for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board. A ar its designated agent, prior to buriol, cremotion, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11712

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|-------------------------------|---|--------------------------------------|---------------------------------|--------------------------------------|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY | 7717 | 0 | | | tion: Residence before admission) |
| | St. Marys If outside corporate limits, write RU | MARYLAND | o. STATE Maryl | And foutside corporate limits, write | or. Marys |
| and give nearest town | n) | | | ton Park | TORNE DIG SITE HEALEN TOWN |
| | ghway, Great | of in hospital, give street address) | d. STREET ADDRESS | ton rark | e. IS RESIDENCE |
| 0. 100. | | , we have a second of | | ms Ave. | YES NO |
| 3. NAME OF | First | Middle | lost | 4. DATE Mont | |
| DECEASED (Type or print) | Willie | James | Caple | DEATH October | 25 1958 |
| s. sex | | MARRIED NEVER MARRIED 8 | | 9. AGE (In years lost birthday) | Months Days Hours Min. |
| male | 0020100 | | uly 4; 191 | | |
| during most of worki wafehou | ing life, even if retired) | Van Line | - | corforeign country) | USA |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN | NAME . | |
| | Unknown | | Unk | cnown | |
| 15. WAS DECEASED EV | magherine of the affection is a second or a second or an analysis of the second or an | S? 16. SOCIAL SECURITY NO. 17. IF | FORMANT | Address | |
| | | Mr | s. Madelin | e Caple- Lex | ington Park, Md |
| 18. CAUSE OF DEA | ATH [Enter only one couse ; | per line for (a), (b), and (c). | . 01 | | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEA | TH WAS CAUSED BY: | Fratured (er | vin OAse | met Mulipl | |
| 812 X | DUE TO | Oneli | as duise. | 200 | Manuel |
| Conditions, if | | | 7 | | 4,10 |
| gove rise to imme | ediote couse | | | | |
| (o), stoling the | (c) | | | | |
| PART II, OT | | ONS CONTRIBUTING TO DEATH BUT N | IOT RELATED TO THE TERM | INAL DISEASE CONDITION GIV | PEN IN PART 1(a) 19. WAS AUTOPSY |
| Ž | | mans | 2 | | YES NO |
| PART II, OT | ONTRIBUTING 🗆 | DESCRIBE HOW INJURY OCCURRED. (E | nter nature of injury in Par | or 1 or Part II of item 18.) | when butly and |
| | | 20d. INJURY OCCURRED 20e. PLACE | CE OF INJURY (Home, fore | m, 201. (City or 16wn) | (County) (State) |
| Hour - | 10 065 | While Not while facto | ory, street, office bldg., etc. | | will AT Man my |
| | | f the remains described abo | | y D Inspection [7] | Inquiry W. and in my |
| | | | | | |
| opinion geom | resulted from: No | tural causes Accident [| Dr Suicide [], | Homicide, Undete | ermined manner [_] |
| ACTUAL SIGNATURE | M/10 / | Sens | _M.D. CHIEF MEDICAL E | CLUS . | DATE SIGNED |
| EXAMINER'S NAME (Type) | Wm. D. Boyd | , MD | DEPUTY MEDICAL | | 10/20/3 |
| 220. BURIAL, CREMATI | ON, 226. DATE THEREOF | 22c. NAME OF CEMETERY OR | | 22d. LOCATION (City, town, | or county) (State) |
| Burial | " 10/30/5 | 8 Red Hill Ce | metery | Wadesboro. | North Carolina |
| 23. FUNERAL DIRECTO | R'S SIGNATURE | ADDRESS | | 'D BY REGISTRAR 24b. REGI | STRAR'S SIGNATURE |
| P.B. Rob | inson - Leo | nardtown. Md. | DATEC | T 3 0 '58 av | thur S. Kraus |

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VS A15 (4) 15M 10/57

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11719

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11719 CERTIFICATE OF DEATH

| 1. | | Marv's | | MAR | YLAND | 2. USUAL RESI | 7. | here deceased yland | lived. If instituti b. COUNTY | | | dmission) |
|---------------|---|--|------------------|--------------------|--------------------|---------------------------------------|--------------|------------------------|----------------------------------|-------------|---------------------|---|
| | b. CITY OR TOWN (I | If outside corporate limi | ls, write | c. LENGTH OF STAT | Y IN 1b | c. CITY OR | TOWN (If | outside carpore | ote limits, write R | URAL and g | | |
| | Leonard | dtown | | 7days | | × Pin | ey P | oint | | | | |
| | d. NAME OF HOSPIT OR INSTITUTION St. | Mary's H | 200 | | | d. STREET | ADDRESS | | | | | S RESIDENCE ON A FARM? ES NO TY |
| | NAME OF DECEASED (Type or print) | Benjamin | | Rudolph | ~ | dd a rd | st | 4. DATE OF DEATH | Mon Oct. | | Day | Year 1958 |
| 5. | SEX | 6. COLOR OR RACE | 7. MARR | IED NEVER MARR | IED 8 | DATE OF BIRT | Н | 9 | . AGE (In years | IF UNDER | YEAR IF | UNDER 24 HRS. |
| Ĩ | ale | White | WIDOW | DIVORC | ED 🗌 | July 1 | 8.18 | 72 | lost birthdoy) yrs. | Months 3 | Doys Ho | ours Min. |
| 100 | during most of work | ON (Give kind of work king life, even if retired | dane 10b. | Self | OR INDUST | | | or foreign cou | | | S.A. | HAT COUNTRY |
| 13. | FATHER'S NAME | | | - 021 | | 14. MOTHER'S | S MAIDEN I | | Land | 10.1 | D.A. | |
| 6 | Ве | enjamin G | odda | rd | | Mari | a H | vans | | | | |
| 15. | WAS DECEASED EVE | R IN U. S. ARMED FOR | CES? 16. | | O. 17. IN | FORMANT | LCL L | VACTIO | Add | ress | | |
| | | (If yes, give wor or dates of s | | | | Lucy | Lump | kin H | Piney F | oint | Ma | ryland |
| | | TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o | | Preumo | - | | | | | | | AL BETWEEN AND DEATH |
| | 241X | DUE TO | | 2 | | | | | | | | |
| | Conditions, if a | | , (| asthona | - | - nu | r ca | eletie | | | | |
| | gave rise to i couse (a), stating | mmediate (| | | | 0 | 7 | | 1 | | | |
| | lying cause lost. |) (c |) | | | | | | | | | |
| ON | PART II. OTH | HER SIGNIFICANT CON | DITIONS | ONTRIBUTING TO DE | EATH BUT N | OT RELATED TO | THE TERM | INAL DISEASE | CONDITION GIV | EN IN PART | 1(o) 19. V | VAS AUTOPSY ERFORMED? |
| ICAT | and the second | | | | | | | | | | | S NO |
| CERTIFICATION | 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESC | CRIBE HOW INJURY O | OCCURRED. | (Enter nature o | of injury in | Part I or Part I | II of item 1B.) | | | |
| MEDICAL | 20c. TIME OF INJUR Haur a. m. p. m. | Y Month, Day, Yes | While | Not while of work | 20e. PLAC focto | CE OF INJURY (ary, street, office | e bldg., etc | :-) | | | ounty) | (Stote) |
| | 21. I certify the alive an CACTUAL SIGNATURE | at lattended the | decease , 195 | | death | accurred at | 95 | M, fram | the causes of town, | and an th | ast saw e date s | the deceased stated above DATE SIGNED |
| | PHYSICIAN'S NAME (Type) | Charles (| reer | well M. | D | Leo | nardi | town, | Maryla | nd | | |
| 220 | BURIAL, CREMATIO | N, 22b. DATE THEREO | F | 22c. NAME OF CEM | SETERY OR | CREMATORY | | 22d. LOCATIO | ON (City, town, o | or county) | | (State) |
| _ | urial | 11/3/58 | 3 | ST. Georg | ge Er | piscopa | al | Vall | ey Lee | , | Md. | |
| | FUNERAL DIRECTOR | | | ADDRESS | | | | D BY REGISTRA | | STRAR'S SIG | | 1 |
| W | .Clarke | Mattingle | ey Le | eonardto | wn, I | ld. | DATE NO | JV 5 '58 | a | inun 8. | Trans | |

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VS A15 (4) 15M 10/57

| MARYLAND | STATE DEP | ARTMENT O | F HEALTH-E | ALTIMORE. | 18 |
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| 4 d mon | em l Fil | mG235 11- | 3-58 et | | |

11720 CERTIFICATE OF DEATH

| | | PLACE OF DEATH a. COUNTY | | 2. USUAL RESI | DENCE (Wh | ere deceased | lived. If institution: | Residence I | befare admission | 1) |
|-----|---------------|--|----------------------------|-----------------------|---------------|-----------------|------------------------|-------------|-------------------|---------|
| | | St. Mary's | MARYLAND | o. STATE | Marv] | and | b. COUNTY b. COUNTY | Mai | פוזים | |
| Н | | b. CITY OR TOWN (If outside carporate limits, write | c. LENGTH OF STAY IN 16 | | | | te limits, write RUR | AL and give | | |
| Ы | | RURAL and give nearest tawn) Leonardtown | 3hrs. | X Rura | l Pa | rk Ha | 11 | | | |
| | A | d. NAME OF HOSPITAL (If not in haspital, give street | | d. STREET A | | AL IL IIO | alled | | e. IS RESIDE | ENCE |
|) | | gor institution St. Mary's Ho | spital | 1 | | | all the | | ON A FA | ARM? |
| 3 | 3. | NAME OF First | Middle | los | st | 4. DATE | Manth | | Day Yes | ar |
| | | (Type or print) Allan | E | Hammet | t | DEATH | Oct. | 24 | . 19 | 58 |
| | 5. | SEX 6. COLOR OR RACE 7. MARR | HED NEVER MARRIED | B. DATE OF BIRT | Н | 9 | 1 1 1 1 1 1 1 | | EAR IF UNDER | |
| | | lale White WIDOWE | | Oct.20 | ,1915 | | 43 yrs. | donths Do | ys Haurs | Min. |
| \ | 10c | USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired) | KIND OF BUSINESS OR INDU | STRY 11. BIRTHPL | ACE (State | ar fareign cou | ntry) | 72. CITIZE | N OF WHAT CO | DUNTRY? |
| | 1 | Electrician U. | .S.Navy | Cal | iforn | nia | Marylan | a II. | S.A. | |
| | 13. | FATHER'S NAME | MEN TO BE | 14. MOTHER'S | | | | | | |
| 1 | | George David Ham | mett | Min | nie I | B. Wat | cts | | | |
| | 15. | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. | | NFORMANT | | | Address | | | |
| | 1/10 | Yes WW 17 57 | 9-12-6879 H | elen M. | Hamm | ett I | Park Hal | 1, M | arylan | d |
| | | 18. CAUSE OF DEATH [Enter only one cause per lin | ne far (a), (b), and (c).) | ~ . | | | ^ | | INTERVAL BETW | /EEN |
| | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) | sub arach | nnd | Her | ulon | hoge. | - | ONSET AND DE | AIH |
| | | 330 X DUE TO | | | | | | | | 2000 |
| | | Canditions, if any, which) (b) | | | | | | | | |
| 4 | | gave rise to immediate Cause (a), stoting the under- | | | | A THE | | | | |
| | | lying cause last. | | | | | | 467 | | |
| 9 | NO | PART II. OTHER SIGNIFICANT CONDITIONS C | ONTRIBUTING TO DEATH BUT | NOT RELATED TO | THE TERMIN | NAL DISEASE | CONDITION GIVEN | IN PART I | 19. WAS AU | TOPSY |
|) | CATI | | | | | | | | PERFORM YES TO | VED? |
| | CERTIFICATION | 20g. ACCIDENT WAS UNDERLYING 20b. DESC | CRIBE HOW INJURY OCCURRE | D. (Enter nature a | f injury in P | ort I or Port I | of item 18.) | | 1.00 | |
| | | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | | | | |
| | 3 | 20c. TIME OF INJURY Manth, Day, Year 20d. IN | NJURY OCCURRED 20e. PL | ACE OF INJURY | Hame, form, | 20f. (City o | r town) | (Cour | ntvl | (State) |
| | MEDICAL | Hour o. m. White at work | Nat while for | ctary, street, office | bldg., etc.) | | | (**** | | (0.0.0) |
| | ~ | | 10 Min = 0 | 3 .50 | . /5 | 10100 | 1 | | | |
| Я | | 21. I certify that I attended the deceased from 997, 23, 188, to 967, 24, 1958, that I last saw the deceased alive an 067, 24, and that death accurred at 245AM, from the causes and on the date stated above. | | | | | | | | |
| | | alive an 000 195 | a, and that death | accurred at_ | | | | | | |
| | | ACTUAL /A OH POT | (| 10: | | ADDRESS (Stre | et, city ar town, sta | te) | DATE | SIGNED |
| | | SIGNATURE (NO MAN COMPE | 4 | M.D F1P | xmx | glow | VOVI E | ma - | 10-7-6 | 5-7-7 |
| | | PHYSICIAN'S NAME (Type) William H. P | atrick M.D. | Lex | ingto | on Par | ck, Mary | land | | |
| | 22a | BURIAL, CREMATION, 22b. DATE THEREOF | 22c. NAME OF CEMETERY O | | | | ON (City, town, or c | | (State) | |
| | B. | rial (Specify) 10/27/58 | Holy Face | | 100 | | Mills, | | | |
| - 1 | | FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | | 24a. REC'D | BYREGISTRE | | | | |
| | W. | .Clarke Mattingley Le | omardtown, l | Md. | DATE OC | 1 2 8 58 | Cirth | m 3. 10 | rails | |

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he bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate certificate has been executed by the attending physician and com

the attending physician

be detached for

certificate assembly should

DATE OCT 2 1 '58

Item 1 FilmG235 10-24-58 et

CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED (It outside corporete limits, write RURAL end give neerest town) STATE Maryland COUNTY St. Mary's MARYLAND LENGTH OF STAY (If outside corporete limits, write RURAL end give neerest town) (in this place) St. George Island TOWN Rural Mechanicsville HOSPITAL OR STREET (If rurel give location) INSTITUTION OR ADDRESS Poe's Nursing Home STREET ADDRESS 3. NAME OF (Middle) (Lest) 4. DATE (Month) (Yeer) DECEASED (Type or Print) Edith 16 Hayden 8. DATE OF BIRTH 6. COLOR OR SINGLE, MARRIED, 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED. (Specify) Single 7. 1874 Feb. Female White 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY S. A. Home Maker Maryland 13. FATHER'S NAME / 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (If Yes give wer or detes of service) Will Turner Mechanicsville, Md 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stele) OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while et work et work (1) 19 that I last saw the deceased 22. I hereby certify that I attended the deceased from alive on OC7 death certific SIGNATURE 23. BURIAL, CREMATION, REMOYAL (SPECIFY)
Burial NAME OF CEMETERY OR CREMATORY DATE THEREOF St. Aloysius Leonardtown. 25. FUNERAL DIRECTOR'S SIGNATURE 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE W. Clarke Mattingley Leonardtown . Md.

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| 1. PLACE OF DEATHY O. COUNTY St Mars 2 | MARYLAND | 2. USUAL RESIDENCE (Whe | | If institution: Reside. COUNTY | dence before admi | ssion) |
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| d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION | acis Breeze | d. STREET ADDRESS | 56 | 4 | ON | SIDENCE A FARM? |
| 3. NAME OF DECEASED (Type or print) | Hanni L | 1 Thilly | 4. DATE OF DEATH | Month | Day 10 | Year 19 4 8 |
| S. SEX 6. COLOFFR RACE 7. MARRI | | Tus, 21.19 | 75 7 9. AC | E (In years IF UND birthday) Manth yrs. | Days Hours | 7 |
| 10a. USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired) | KIND OF BUSINESS OR INDUST | RY LA BIRTHPLACE State of | r foreign country | 12. | 21.56 | T COUNTRY |
| 13. ATHER'S NAME PLANCES LES | Holleds. | 14. MOTHER'S MAIDEN N | J. 60 | utter | | |
| (If yes, give wor or date of service) | SOCIAL SECURITY NO. 17. IN | o Holy & | v C | Address | ulter | ~ 7 |
| 18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | PNEUMONIA | | | | INTERVAL E | ETWEEN D DEATH |
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| gave rise to immediate couse (a), stoting the under-lying cause last. | I MIOWOWIA & | BATHICTIES | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONDIT | ONTRIBUTING TO DEATH BUT N | IOT RELATED TO THE TERMIN | IAL DISEASE CON | DITION GIVEN IN P | PERF | AUTOPSY ORMED? |
| | CRIBE HOW INJURY OCCURRED. | (Enter nature of injury in Po | art I ar Part II of | item 18.) | | |
| Haur a.m. While | NURY OCCURRED 20e. PLAC | CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.) | 20f. (City or to | vn) | (County) | (State) |
| 21. I certify that I attended the decease | | | | ., 19 <u>58</u> ,that | | |
| ACTUAL SIGNATURE Charles Trees | well m | b. Lena | | ity ar town, state) | | ATE SIGNE |
| PHYSICIAN'S NAME (Type) CHARLES GREEN | WELL M.D. L | ECNARDTOWN, 1 | ARYLAND | | | |
| PREMOVAL (Specify) DUMAN (Specify) | 22c. NAME OF CEMETERY OR | CREMATORY | melle | City, town, or county | (Sic | ite) |
| 23. FUNERAL DIRECTOR'S SIGNATURE Welsake Mallingley Z | address consider. | md. DATE OCT | BY REGISTRAD | 24b. REGISTRAPS | SIGNATURE | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.: Page 4 may be retained by the hospital ar attending physician.

O FUNERAL DIREC

After this certificate has been signed by the attending physician and campletely filled in by the fipage 3 shauld be defached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shau the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs offer death. TO FUNERAL DIRECTORS 2 Should be date VS A1S (4) 15M 10/S7

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

| 1. PLACE OF DEATH o. COUNTY St. Mary's MARYLAND D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Great Mills Jal/2 mos. Great Mills J. STREET ADDRESS OR INSTITUTION D. O. A. Patuxent River Middle DECEASED (Type or print) Ellen Alicia Kuhn G. COLOR OR RACE First Female White WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED J. BIRTHPLACE (Stote or foreign country) Maryland 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY St. Mary's C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Great Mills C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If |
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| Great Mills d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION D.O.A. Paturent River USNASH 3. NAME OF DECEASED (Type or print) Ellen Alicia Kuhn 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH Female White WIDOWED DIVORCED June 17, 1958 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Tinfant Maryland 14. MOTHER'S MAIDEN NAME Edward Perry Kuhn, Jr. Sreet Mills d. STREET ADDRESS Hill's Trailer Court ON A FARM? YES NO MONTH OOR OF ON A FARM? YES NAME OA STREET ADDRESS Nonth OA DATE OF BIRTH OCTOBER 4. DATE OF BIRTH OCTOBER 1 19 58 Day Month OCTOBER 1 YEAR IF UNDER 14 HRS. Months Day Months D |
| d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION D. O. A. Patuxent River USNASH A DATE OF DECEASED (Type or print) S. SEX OR COLOR OR RACE THILL'S Trailer Court A DATE OF DECASE (Type or print) S. SEX OR COLOR OR RACE THILL'S Trailer Court A DATE OF DEATH October 1 19 58 S. DATE OF DEATH OCTOBER 1 YEAR IF UNDER 24 HRS. Female White WIDOWED DIVORCED June 17, 1958 100. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) Infant Maryland 14. Maryland 15. FATHER'S NAME Edward Perry Kuhn, Jr. Con A FARM? YES NO A |
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| 15 WAS DECEASED EVER IN IL S ARMED EORCESS 14 SOCIAL SECURITY NO. 17 INFORMANTO 4 h TO D. W. h. Adding |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANFather: E.P. Kum, Addiffr. No If yes, give wor or dates of services None Great Mills, Maryland |
| PART I. DEATH WAS CAUSED BY: Cardio-respiratory Failure Conditions, if ony, which gove rise to immediate cause (a), b) Prematurity DUE TO Conditions, if ony, which gove rise to immediate cause (b), stating the underlying couse lost. (c) Conditions if ony, which gove rise to immediate cause (c), stating the underlying couse lost. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBU |
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| 20c. TIME OF INJURY Month, Doy, Year Not while of work |
| 21. I certify that I attended the deceased from Dead on arrival at Station Hospital fast saw the deceased alive on all Air Station, Patuxent River Maryland at 7.50 a.m. the date stated above. ADDRESS (Street, city or lown, stote) ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL M.D. U. S. Naval Air Station, |
| PATRICIANS JAMES P. ZETTAS, LT MC USNR Patuxent River, Maryland 10-1-58 |
| 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. Date Thereof Burial 22c. NAME OF CEMETERY OR CREMATORY Burial 22d. LOCATION (City, town, or county) (Stote) 43d. Creat Mills. Md. |
| 23. FUNERAL DIRECTOR'S SIGNATURE P. B. Robinson - Leonardtown, Md. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE OCT 6 '58 Onthur S. Kraus |

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH 11724

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| DECEASED (Type or Print) Andrew Clarence Latham DEATH Oct. 14, 195; 5. SEX 6. COLOR OR RACE RACE Male White 106. Under Mover December 17, Single, Awareto, (Specify) Widowed December 18, Awareto (Specify) Widowed December 19, 1875 107. Under Mover December 19, 195; 108. Under Order Single S | INSTITUTION | OR | | | | | | (11 12 12 12 12 12 12 12 12 12 12 12 12 1 | | |
| (I) | 3. NAME OF | | | | | (Lest) | 4. DA | FE (Month) | (Dey) | (Yeer) |
| Male White Specify Widowed Nov.7, 1875 82 WILLIAM COUPATION (Give kind of work done duting most of working life, even if relied) Farming 100, KIND OF BUSINESS OR NOUSTRY OR INDUSTRY Clements, Maryland 112, CUITIZEN OF WHAT COUNTRY Terrifled) Farming 112, CUITIZEN OF WHAT COUNTRY Terrifled) Farming 113, FAITER'S NAME WILLIAM E. Latham 5. WAS DECASED EVER IN U. S. ARMED FORCES? Yes, neworunk.) (If Yes, give wer or deles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Charles Z. Latham Leonardtown, M. INTERVAL SETWED AND COUNTRY AND GRAND READ COUNT | (Type or Prin |) Andre | | | | | | 000 | | 19 58 |
| 10e. USUAL OCCUPATION (Give kind of work done during most of yorking life, even if reliefs) Farming 10. INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of yorking life, even if reliefs) 13. FATHER'S NAME William E. Latham 14. MOTHER'S MADEN NAME Helen Moran 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Charles Z. Latham Leonardtown, M. I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I DISEASES OR CONDITIONS, IF ANY, GIVE TO CONTROLLING CONTREUTING ONE AND DESCRIPTION DISEASES OR CONDITIONS, IF ANY, GIVE TO CONTROLLING CONTREUTING OTHER SIGNIFICANT CONDITIONS CONTREUTING TO THE DEATH BUT NOT RELATED TO THE DISEASES OF CONDITION CONTREUTING OF HONORY MAD THE DEATH BUT NOT RELATED TO THE DISEASES OF CONDITION CONTREUTING OF RONTREUTING CAUSE OF DEATH 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO [COUNTRY] 21. HOW DID INJURY OCCUR? WHITE DID I | | RACE | 7. SINGLE, WIDOWED | AARRIED, D. DIVORCED, | 200 | | | | | |
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| William E. Latham William E. Latham Helen Moran 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (1798, newor unk.) (If Yes, give wer or deles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Charles Z. Latham Leonardtown, M. I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEBRAT CAUSE (A) ANTECEBRAT CAUSE (B) DUE TO GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 120. AACODENT WAS UNDERLYING OF DEATH OF INJURY Street, office bidg., stc.) 210. ACCODENT WAS UNDERLYING OF INJURY street, office bidg., stc.) 211. TIME OF INJURY (Month) (Dey) (Year) (Hour) While stwork of the street o | done during | most of working life, | , even if | OR INDUSTRY | | | | 3 | COUNT | RY? |
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| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO [21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OF INJURY Street, office bidg., etc.) 21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stete) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While of work etwork etwork alive on. Oct. 22d. I hereby certify that I attended the deceased from the deceased from the deceased from the deceased alive on. Oct. 22d. I hereby certify that I attended the deceased from t | AN DISEASES OR C | MMEDIATE CAUSE TECEDENT CAUSE(S) ONDITIONS IF ANY | (A) | ATH | | TIFICATION | bosii Lie CV d | isiari | | |
| 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While etwork 21f. HOW DID INJURY OCCUR? 22e. I hereby certify that I attended the deceased from the etwork 1950, to Ott 4, 1950, that I last saw the deceased alive on. Oct | AN DISEASES OR C | MMEDIATE CAUSE TECEDENT CAUSE(S) ONDITIONS IF ANY | (A) DUE TO Y, (B) SE DUE TO | ATH | | TIFICATION | bosii ie CV d | isiari | | |
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| 22. I hereby certify that I attended the deceased from the causes and on the date stated above. alive on. Oct. 19.50, and that death occurred at 5.70, M, from the causes and on the date stated above. SIGNATURE M.D. DATE THEREOF NAME OF CEMETERY OR CREMATORY Burial 10/17/58 St. Joseph's Morganza, Md. | DISEASES OR CONTROL OF | MMEDIATE CAUSE TECEDENT CAUSE(S) ONDITIONS, IF ANY O THE ABOVE CAUS LIVING CAUSE LAS ICANT CONDITIONS I BUT NOT RELATED TO ONDITION CAUSING | (A) DUE TO Y, (B) SE | ATH GO | ronary | TIFICATION | bosii lie CV d | isiari | ONSE // 2 / 0 | AUTOPSY? |
| 22. I hereby certify that I attended the deceased from Jan., 1950, to Other 1950, that I last saw the deceased alive on. Oct., 1950, and that death occurred at Jan., M, from the causes and on the date stated above. SIGNATURE M.D. DATE SIGNATURE AND DATE SIGNATURE DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY Burial 10/17/58 St. Joseph's Morganza, Md. | DISEASES OR CO GIVING RISE TO STATING UNDER TO THE DEATH DISEASE OR CO 19e. ACCIDENT OR CONTRIBUTING | MMEDIATE CAUSE TECEDENT CAUSE(S) ONDITIONS, IF ANY O THE ABOVE CAUSE LLYING CAUSE LASS ICANT CONDITIONS OF TONDITION CAUSING PERATION WAS UNDERLYING G CAUSE OF DEAT | (A) DUE TO Y, (B) SE OF TO (C) CONTRIBUTING TO THE DEATH. 19b. MAJOR FINDII 110 OF INJURY str | NGS OF OPERATION | ronary Verice | Throm Selenot | | | 20. YES | AUTOPSY? |
| signature Signature M.D. Mushaued Syrice 10/16/5 Burial, CREMATION REMOVAL (SPECIPY) Burial 10/17/58 St. Joseph's Morganza, Md. | DISEASES OR CONTRIBUTION DISEASE OR CONTRIBUTION DISEASE OR CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTIF | MMEDIATE CAUSE TECEDENT CAUSE(S) ONDITIONS, IF ANY OTHE ABOVE CAUSE LYING CAUSE LAS ICANT CONDITIONS I BUT NOT RELATED TO ONDITION CAUSING PERATION WAS UNDERLYING I G C CAUSE OF DEAT Y MEDICAL EXAMINER | (A) DUE TO Y, (B) SE OF TO CONTRIBUTING TO THE DEATH. 19b. MAJOR FINDING OF INJURY str R Y) (Year) (Hour) | NGS OF OPERATION (Home, ferm, fector, eet, office bldg., etc. 21e. INJURY OCCL | ronary Verice | Selenot c. WHERE DID INJURY | OCCUR? (City or to | | 20. YES | AUTOPSY? |
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| lelay is nece | funeral dire | 1. Page 5 may be retained for | ould be used as a buriol-tronsis permit. File pages I and 2 with the State Boor Health | death. | |
| the If ony d | nd 3 to the | 5 may be r | 2 with the | burief, cremation, or removal, and in any event within 72 hours after death. | |
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| 1 | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | |
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| STATE | MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11725 11725 1125 | |
| H DERT. | 11. Cade of Denth | Base of St |
| M) | o. COUNTY St. Marys MARYLAND O. STATE Maryland b. COUNTY St. Marys | 4 |
| | b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) | |
| | Callaway X St. Georges Island | |
| 00 | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS | E |
| | State Highway Rural YES NO | K |
| | 3. NAME OF DECEASED Lost 4. DATE Month Doy Yeor OF DECEASED LOST WATE MILDUM 19 58 | |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE III years IFUNDER 1YEAR IF UNDER 24 HR | S. |
| | female colored WIDOWED DIVORCED 1 8/29/1956 2 yrs. 1 14 100 15 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 17 17 17 17 17 17 17 17 17 17 17 17 | |
| | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) | Y7 |
| | none none Maryland USA | |
| | 13. FATHER'S NAME | |
| 1 | John R. Milburm Georgia M. Barnes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 127 INFORMANT | |
| | [Yes, no, er unknown] (If yes, give wor or dates of service) | |
| | no Georgia M. Barnes - St. Georges Island | - |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: | |
| | 825 x Due to Conditions, if ony, which) | 7 |
| | Conditions, If ony, which) (b) | 1- |
| | gove rise to immediate couse | - |
| | (c), stoting the underlying DUE TO | |
| | PART I), OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY | |
| | PERFORMED? YES NO 4 | - |
| | PART 1). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY DIST CONTRIBUTING CONTRIBUTIONS | |
| | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour e. m. /0/13 1958 of work IN State Head (Little Hours) A White Not while of work IN State Head (Little Hours) A White Not while IN State Head (Little Hours) A White Not work IN State Head (Little Hours) A White Not work IN State Head (Little Hours) A White Not work IN State Head (Little Hours) A White Not work IN State Head (Little Hours) | |
| 18 | Hour e.m. 10/13 1958 of work of work of State Heg Lung Callown AT Marys V. | 1 |
| | 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . and in the | y |
| | opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner | |
| | ACTUAL TO A 19 PR () DATE SIGNED | |
| | SIGNATURE M.D. CHIEF MEDICAL EXAMINER | , |
| 2 | EXAMINER'S NAME (Type) Wm.D. Boyd, ND ASSISTANT MEDICAL EXAMINER 10/15/5-8 | |
| | 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (Slote) | |
| | Burial 10/16/58 St. Lukes St. Georges Island, Md. | |
| A | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE | |

P.B. Robinson - Leonardtown, Md.

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TO DEPUTY MEDICAL EXAMINER: VS. A15ME 5M 2/57

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certificate has been executed by the attending physician and completed death certificate assembly should be detached for use as a burial transit p

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

11720

| Reg. Dist. No |
|---|
| 2. USUAL RESIDENCE (HOME) OF DECEASED |
| STATE Maryland country St. Mary's |
| CITY (If outside corporate limits, write RURAL and give neerest town) |
| x fown Rural Great Mills |
| STREET (If rurel give location) ADDRESS |
| (Last) 4. DATE (Month) (Day) (Year) |
| OF . |
| OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS |
| Months Days Hours Min. |
| ? 1883 75 yrs. |
| 11. BIRTHPLACE (Stole or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 14. MOTHER'S MAIDEN NAME |
| Unknown |
| 17. INFORMANT & ADDRESS |
| Emma Charleston 2021 Booth St. |
| block, |
| |
| 20. AUTOPSY? |
| 20. AUTOPSY? YES \(\) NO |
| |
| YES NO |
| 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) 21f. HOW DID INJURY OCCUR? |
| 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
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CERTIFICATE OF DEATH a French and the Committee of the Commit DETERMINED PALLED THE DESIGNATION Territore I TO INCOME. CREATIVE AND ADDRESS. the state of the s COORT AND THE MENT OF SHIP his mentionencal valentistic education

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1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BA MEDICAL EXAMINER'S CERTIFICATE OF

2. USUAL RESIDENCE (Where deced

DATE OCT 1 5 '58

o. STATE SE

| LTIMORE, DEATH | | 1 Dist. No | 17 | 21 |
|-----------------------------------|----------|---------------|-----------|------------|
| sed lived. If Institu b. COUNT | | dence be | | |
| porote limits, write | RURAL of | nd give n | earest to | wn) |
| | | | ON | A FARM? |
| Month | | Day | Y | ear |
| October | 1 | 0 | 1 | 9 58 |
| 9. AGE (In years | IF UNDE | R TYEAR | IF UND | ER 24 HRS. |
| 47 yrs. | Months | Days | Hours | Min. |
| country) | 12. CI | TIZEN O | F WHAT | COUNTRY? |
| | | USA | 1 | |
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Orthun S. Kraus

| St. Marvs | MARYLAND | Maryland | | ole. | Mar. As | 3 |
|---|-----------------------------|---|---------------------------------|--------------|-----------------|-------------------|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside of | orporote limits, write | RURAL and | give nearest to | own) |
| Leonardtown | | X Californ | าร์ล | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hos | pital, give street oddress) | d. STREET ADDRESS | 23.04 | | e, IS P | RESIDENCE |
| ST. Marvs Hospital | | / Rural | | | | A FARM? |
| ST. Marys Hospital 3. NAME OF First | Middle | | | | | |
| DECEASED | | OF | Month | | | Year |
| Leroy | | Stiefel DEAT | Octobe. | | | 19 58 |
| | Ma | DATE OF BIRTH 2 27, 1911 | 9. AGE (In years lost birthdoy) | Months D | ays Hours | Min. |
| | - FI DITOTED FI | | 47 yn. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired) | IND OF BUSINESS OR INDUSTR | 11. BIRTHPLACE (State or foreign | country) | | EN OF WHAT | COUNTR |
| electrician C: | ivil Service | Kansas | | | USA | |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | | | | |
| Marion Stiefe | el | Unknown | | | | |
| 1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes. no, or unknown] [If yes, give war or dates of service] | SOCIAL SECURITY NO. 17. IN | FORMANT | Address | | | |
| ves WW 2 | Her | tha H. Stiefe | l - Cali | forni | a. Md. | |
| 18. CAUSE OF DEATH [Enter only one cause per line | | | | | INTERVAL BETW | /EEN |
| PART I, DEATH WAS CAUSED BY: | Fractured | oku11 | | | ONSET AND DE | |
| 825X IMMEDIATE CAUSE (6) | Fractureu | SKULL | | | 7 111 | • |
| Conditions If you which) | | | | | | |
| Conditions, if ony, which gove rise to Immediate couse | | | | | | |
| (o), stoting the underlying DUE TO | | | | | | |
| couse lost. (c) | | | | | | |
| PART II, OTHER SIGNIFICANT CONDITIONS CO | MIKIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMINALDISE | ASE CONDITION GIV | EN IN PART | | AUTOPSY ORMED? |
| 3 | 1 | | | | YES 🗌 | NO 😿 |
| ≥ I PRIMARY KET OF CONTRIBUTING L | HOW INJURY OCCURRED. (En | ter noture of injury in Port 1 or Port | II of item 18.) | | | |
| | omobile accid | | | | | |
| 2 | | E OF INJURY (Home, form, 20f. (Cry, street, office bldg., etc.) | ity or town) | (Coun | ity) | (Stote) |
| Hour o. m. 10/10 158 While of wo | | | formie ; | St.Ma | rvs. I | . bM |
| 21. I certify that I took charge of the r | | | Inspection X, | | | find the |
| death resulted from: Natural couses | | | Undetermined of | | | |
| | | | | | | |
| ACTUAL /Www | Band | CHIEF MEDICAL EXAMINER | 7 | | DATE | SIGNED |
| SIGNATURE | - ugo | M.D. ASSISTANT MEDICAL EXAMIN | | | 10/11/ | /58 |
| EXAMINER'S Mm. D. Boyd, | MD | | | | 10/11/ | 00 |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF | | DEPUTY MEDICAL EXAMINER | | | | |
| REMOVAL (Specify) | 22c. NAME OF CEMETERY OR C | | ATION (City, town, | | (Stot | (e) |
| Burial 10/14/58 | Arlington Na | | lington, | | | |
| 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRE33 | Z4a. REC'D BY REGI | STRAR 24b. REGIS | STRAK'S SIGN | NATURE | |

VS. A15ME(5) SM 9/55

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P.B. Robinson - Leonardtown, Md.

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